UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

MOHSO Sanday Best ONE Detribone Write the full name of each plaintiff.

(Include case number if one has been assigned)

Hice of Canads Managhers

White the full name of each defendant. If you need more

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

	Federal Question
X	Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

1		<u> </u>
	OK constitutions	Crants

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is	s each party a ci tize n?
The plaintiff,	NOTS a Samal BOST, is a citizen of the State of
	(Plaintiff's name)
NOW	Jork state)
/State in which t	ha derson resides and intends to remain

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

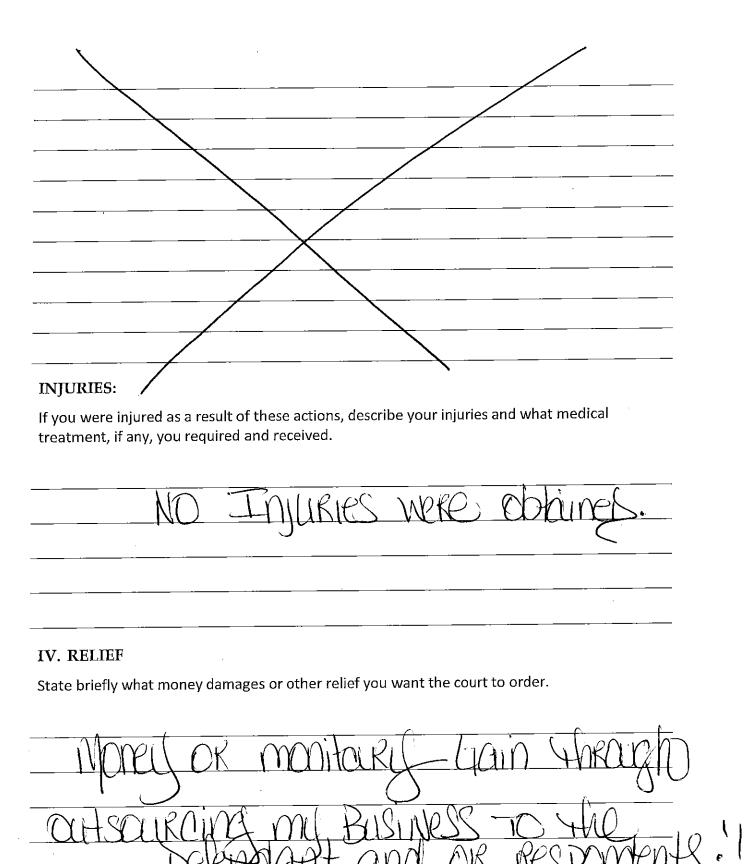
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:
The defendant, DR. HILDUY, is a citizen of the State of (Defendant's name)
New york state
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
NOT Applicable
If the defendant is a corporation:
The defendant, The defendant, is incorporated under the laws of
the State of NOW Color
and has its principal place of business in the State of
or is incorporated under the laws of (foreign state)
and has its principal place of business in MCHOOL HOLL HODIAL.
If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.
II. PARTIES
A. Plaintiff Information
Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.
Notisia S Best
First Name Middle Mitial Last Name
Street Address
New york city 10027
County, City State Zip Code
Telephone Number Mail Address (if available)
releptions trained

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the			
	ion is not provided, it could delay or prevent service of the complaint on the		
	e sure that the defendants listed below are the same as these listed in the		
caption. Attach a	additional pages if needed.		
	AMIND DO THE WOOD IN		
Defendant 1:	THE DITTION		
	First Name Last Name		
	Current Job Title for other identifying information)		
	MOI OF AVENUE		
	Current Work Address (or other address where defendant may be served)		
	NEW YORK CITY NO 10001 - 1704		
•	County, City State Zip Code		
	10.00		
Defendant 2:			
	First Name Last Name		
	Chief Tinar		
	Current Job Title (or other identifying information)		
	FOR DOOR CHAPT		
	Current Work Address (or other address where defendant may be served)		
	NOW WORK CITY NA INDIT		
	County, City State Zip Code		
	County, City—		
Defendant 3:	Mushington Domethit of Agriculture		
Deferidant 5.	First Name Last Name		
	1200 TOULDIES		
	Current Job Title (or other identifying information)		
	Current Job Title (of other identifying information)		
	11-11 WUSTINGTON STITES SOUTH ELAST		
	Current Work Address (or other address where defendant may be served).		
	OUTHUILL ON TOUTHUIL		
	County, City State Zip Code		

Defendant 4:	New Jork State of	Fire 3 of connabis man
	First Name Last Nam	
	Current Job Title (or other identifying in	formation)
	Current Work Address (or other address County, City Sta	where defendant may be served) Zip Code
III. STATEME	ENT OF CLAIM	216 -1 1
Place(s) of occurr	rence: KW (C)	rh State
Date(s) of occurre	rence: January 01, 20	01-July 18th 200
FACTS:	\bigcirc	\bigcup ,
harmed, and wha additional pages	y the FACTS that support your case. Descr at each defendant personally did or failed if needed.	d to do that harmed you. Attach
	eas see Ahata	HED NOTICE
	1 motion bat	ed July 18th 2004
		······································



V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

<u> </u>	Attach additional pages if necessary, it seeking to
proceed without prepayment of fees, each plain	tiff must also submit an IFP application.
July 18th 2004	ntaga s. Best
Dated	Plaintiff's Signature
motisia)	IBEST
First Name Middle Initial	Last Name
99 Undomicilled	
Street Address	$1 \cdot 1 \cdot$
NPW UDRO CITY	NA 100
County, City ()	State Zip Code
Telephone Number	Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically: Yes \square No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

ADDRESS TO:
Office of cannabis management only
In new york state

#2

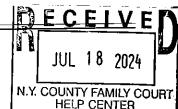
Verbal molecular Form of chemical substance Cannabis / canaboids

7 pages

Definition by Food And Agricultural Assistance of Living Plant for consumption Sustainability

3 pages

UNITED STATES DISTRICT CO	DURT
SOUTHERN DISTRICT OF NEW	York



Southern District	r of New York
MOTION S. ROST	N.Y. COUNTY FAMILY COU HELP CENTER
ONE DETITIONED	
Write the full name of each plaintiff or petitioner.	Case NoCV
-against-	
Judge (aura Sulaul)	NOTICE OF MOTION

Chief Judge (QURA SUM)

NOTICE OF MOTION

COLUMN COLUMN

Write the full name of each defendant or respondent.

PLEASE TAKE NOTICE that Detitioner name of party who is making the motion

NOTICE OF MOTION

COLUMN COLUMN

PLEASE TAKE NOTICE that Detitioner name of party who is making the motion

requests that the Court:

Employ on Behalf of Judicia New of Legal Rediviber Briefly describe what you want the court to do. You should also include the Federal Rule(s) of Civil Procedure or the statute under which you are making the motion, if you know.

In support of this motion, I submit the following documents (check all that apply):

a memorandum of law

☐ my own declaration, affirmation, or affidavit

**Ithe following additional documents:

Dated

Name

Name

Address

Telephone Number (if available)

Name

Signature

Prison Identification # (if incarcerated)

City

Slate

Zip Code

E-mail Address (if available)

SOUTHERN DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK
Motista s Best One Detitioned
Fill in above the full name of each plaintiff or petitioner.
Case No CV
Office of Caprylois Managerfort USNA From Assistance Jenny
Fill in above the full namel of each defendant or respondent.
DECLARATION
The purpose of the declaration, for example, "in Opposition to Defendant's Motion for Summary Judgment."
I, MOHIA BEST , declare under penalty of perjury that the
following facts are true and correct: In the space below, describe any facts that are relevant to the motion or that respond to a court order. You may also refer to and attach any relevant documents.
ON January 25, 2000, Smale Introductal Sinche Bit 8084-A, where section 520 of
THE AGRICUITURE AND MORNETS ICH AMPRINECE DI ACTUMINO A SUDDIVISION THREE. AN ACT TO
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CONCITIONAL GOTHER USE CULTIVATORS LICENCSE.
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OF cannabis, to see HOW Section 597 Of
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Schrives, makes cannabis A DRUG!, And NOT!
A "LIVE CIVING Plant" And Should label Caprabis
AS A CHAMTER! SUBSTANCE, And SMOULD OHER
A penal code And should NOT Be Distributed
IN CONCLUSION, I'M OHERING, YNU LEGAL "RESEARCHER
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Agriculture Assistance Trogram, myself
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Attach additional pages and documents if necessary.
Account additional pages and documents in medessary.
July 18", 2004 1400180 1500
Executed on (date) Signature Note: Transport of the state of the sta
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Address State Zip Code
Tolophono Number (if available) F-mail Address (if available)

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	on (date you served the document(s))	Address JORK Cirl	2 shirptonoc 2023 n.B.
	RECEIVED MAY 15 2024 N.Y. COUNTY FAMILY COURT HELP CENTER	Zip UNITED STATES POSTAL SERVICE • USPS TRACKING #	6-000-7948

9114 9023 0722 4063 6757 80

Dept. OF Labor Involgate [hame and address of defendant(s)]	[name and address of defendant(s)]
W. Averell Harriman State Office	
Albany, N.J. 12246	

Venue: Plaintiff(s) designate(s) New York County as the place of trial. The basis of this designation is:

- Plaintiff's(s') residence in New York County
- Defendant's(s') residence in New York County
- Other [See CPLR Article 5]:

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*** REC 2023213 130103 H4C73681 V6DX CIPOVI6 PQA6 (F-V6D.) ***
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  DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS
   REOUESTED
  REQUESTED
EIN: 590787929

BURGER KING CORPORATION
ATTN PAYROLL DEPT
5707 BLUE LAGOON DR
MIAMI
FL 33126-2015

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
0088 AA M BEST 271.00
WAGE TOTAL 271.00
OASDI EMPLOYER TOTAL 271.00
88 OASDI YEARLY TOTAL 271.00
EIN: 131890974 GREAT ATLANTIC & PACIFIC TEA CO INC

* TAXPAYER

19 SPEAR RD STE 310

RAMSEY NJ 07446-1223

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S

0089 AA M S BEST 156.00 156.00 9114-85-17399 01790 V

WAGE TOTAL 156.00

OASDI EMPLOYER TOTAL 156.00

EIN: 530085950 HOST HOTELS & RESORTS INC

4747 BETHESDA AVE STE 1300

BETHESDA MD 20814-5584

0089 AA M BEST 224.00 224.00 9020-85-25215 00890 V

WAGE TOTAL 224.00

EIN: 590787929 BURGER KING CORPORATION

0089 AA M BEST 611.80 611.80 9112-85-38411 01290 V

WAGE TOTAL 611.80

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OASDI EMPLOYER TOTAL 611.80
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   EIN: 042053130 FRIENDLY ICE CREAM CORP

10300 SW ALLEN BLVD

BEAVERTON OR 97005-4833

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S

0090 AA M S BEST 1341.44 1389.69 0292-99-14653 00291 V

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FIN: 131990974 CREAT ATLANTIC & BACIFIC TEA CO INC
    EIN: 131890974 GREAT ATLANTIC & PACIFIC TEA CO INC
    0090 AA M S BEST 289.00 289.00 0103-85-32748 01491 V

WAGE TOTAL 289.00

OASDI EMPLOYER TOTAL 289.00
90 OASDI YEARLY TOTAL 1630.44
    EIN: 042053130 FRIENDLY ICE CREAM CORP

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S

0091 AA M S BEST 727.91 782.56 1113-99-20569 00892 V

WAGE TOTAL 727.91

AT M S BEST 27.00 .00 1113-99-20569 00892 V

TIPS TOTAL 27.00

OASDI EMPLOYER TOTAL 754.91
     EIN: 132891876 LEISURE UNLIMITED INC
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Role: Numberholder/Claimant

MOTISLAS BEST

Social Security Birth Date Proof Code Sex Date of Death Number (SSN) - 20/1973 -- Female --

053-58-8751

Leads

US

Role: Numberholder/Claimant

→ Hide Identification Information

Identification Information

Full Name Social Security Number Birth Date
MOTISLAS BEST (SSN) 12/20/1973

6.77.2.51

Sex Proof Code Female ---

Contact Information For This Lead

Most Recently Provided Primary Phone

 Address
 (347) 382-5601
 Motisla708@gmail.com

 421 8TH AVENUE
 1.50tisla708@gmail.com

Email Address

PO BOX 7691 Language spoken Language written

NEW YORK, NY 10001 English English

♠ Hide Claim/Event Information

Claim Information

FÖ Code Prior FO Code Unit

Claim Type 2 Claim Type 3

DB2

Onset Date Proofs Requested Processing System Name

01/01/2021 eLAS

Lead Established

05/01/2023

Caller Information (If Different)

Recontact by Caller Date

No --

Caller History

<u>Date of Call Caller Name Relationship to Claimant Phone Number Phone Information</u>

No records found.

Remarks

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▲ Hide Lead Protective Filing Information

Lead Protective Filing Information

CY Earnings PY Earnings Special Notice
-- Option
First Class Mail

Informal Denial Information

Issue First Informal Denial No

Appointment Information

Current Current Current Current **Appointment Time** Appointment Date **Appointment Type Appointment Source** June 02, 2023 11:30am Phone Calendar **Prior Appointment Prior Appointment Reason for Change** Date Time

Case 1:24-cv-05560-LLS Document 1 Filed 07/18/24 Page 18 of 27 SOP OWNER OF BEHER BE WIND"-7 "RESEARCHING" SERVICES \$180, Under Inder # 101429/2021 Purchased 12/18/2021, Show DIA Feberal Document, under Federal DOUBET # 03-CU-3017, Echibits of "Merchandise" NOTSOLD "AS Of Date 10/01/2003, Repulling In profit 10885 presented to N.G. State T.R.S. fears Beginning, 03/14/2020 - 10/01/2023. Incomp. "Laudelines" set Federally" Has Greatly contributed to "profit tosses" beclared and "no" loves "paid" work history Began 1904 as, a "tipped Employee" under 41He 15, "Sele" "Emplated" B" All" Sales, Congission Reported and

Case 1:23-cv-03017-LTS Docum at 15 Filed 08/28/23 Page 1 of 2

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Case 1:23-cv-03017-LTS Document 1 Filed 04/10/23 Page 91 of 120

Business Cardificate - BETTER BE MINE

VALUE AND
Business Certificate
I HEREBY CERTIFY that I am conducting or transacting business under the name or designation
of DHO DHO 10101 2023
City or Town of BRIARWOOD County of OURCES State of New York
My full name is
and I reside at
the person or persons heretofore using such names or names to carry on or conduct or transact business.
Type of business HEATH CARE SCRV(see next page) LEGAL RESEARCHING "SPLUCIS
FORM I-405 10/31/2028 (482) IS ENCIOSES 10/01/2023 -> 10/429/2021
IN WITNESS WHEREOF, I have signed this certificate on
STATE OF NEW YORK COUNTY OF QUEENS SEATE OF NEW YORK COUNTY OF QUEEN COUNTY O
On (2 21) before me, the states of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed
to the within instrument and acknowledged to me that necessariley executed the same that necessariley executed the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. (s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.



VANESSA G GREAVES
Notary Public - State of New York
No. 01GR6050725
Qualified in Queens County
My Commission Expires April 04, 2023

Blumbergs Law Products

X 201—Certificate of Conducting Business under an Assings Name for Individual, 4-10

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PHILADELPHIA, PA 19255-1498

Tracking ID: 104934925904

Date of Issue: 08-28-2023

BES 100 TE

Taxpayer's Name: MOTI S BES

Taxpayer Identification Number: XXX-XX-8751

Tax Period: December, 2021

Return: 1040

Information About the Request We Received

On August 28, 2023, we received a request for verification of non-filing of a tax return.

As of the date of this letter, we have no record of a processed tax return for the tax period listed above.

If you have any questions, you can call 800-829-1040:

Ca	ase 1:24-cv-05560-LLS <u>Document 1</u>	Filed 07/18/24 Page 24 of 27
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Safety Plan Note

Signed • Encounter Date: 2/6/2024 • Opoku, Clara, RN

Adult Psychiatry

NYC HEALTH+ HOSPITALS | Metropolitan

Patient Safety Plan

Date: 2/6/2024 Time: 11:46 AM

Unit/Department: ME ADULT BEHAV HEALTH

Patient Name: Motisla Best

Medical Record Number: 2002708

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1. Sometimes, it's the medication as a side effect

Maybe communication with others, hostility in the communicator

3. 4.

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- 2. Read or employment
- 3. Marijuana

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Professionals
 Students

Phone:

3. Educators

Phone:

4. Therapist

Phone:

5. Nurses

Trasplativitation it is just a de fast, bied jes

1. Professionals

Phone:

2. Nurses or medical staff

Phone:

3. Psychotherapist or license social workers

Phone:

4. Self therapy

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Therapist #:

Provider #: Metropolitan Behavioral health Clinic/Bellevue Hospital/Church

Nearest Emergency Department

Name Address Phone

METROPOLITAN HOSPITAL 1901 First Avenue 212-423-6262

CENTER New York NY 10029-7404

If you are or a loved one are in a behavioral crisis related to stress, depression, anxiety, or drug/alcohol misuse, call NYC Well for 24/7, free, confidential support:

1-888-NYC-WELL (1-888-692-9355)

For 24/7, free, confidential support or suicide prevention/crisis resources for you or a loved one, call or text the

National Suicide Prevention Lifeline: 988

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R DRO SC III OF RW 105/18/24 Page 26 of 27 Datal: Aug 21, Injuctive Relief D HOME, FOOFED ter re: request of Injustive 23-CU-3017 Judges ANSWED Boccument \$16 Not three copies mes DRIMAR +20 20 petitioned/ARbitRoc BRING DSS/HRA clients & Paids hats-No or Federal Horners WOSTCHESTER - 09/2003 7"